

Town of Brookline Building Department
333 Washington Street Brookline, Massachusetts 02445
617.730.2100

Building Permit Application
PLEASE PRINT LEGIBLY

Job Address: _____ Submittal Date: _____

Existing Use: _____ Proposed Use: _____

Description of work: _____

Total Estimated Value of Work: _____ Permit Fee: _____

Structure: _____ Plumb: _____ Wire: _____ HVAC: _____

* Subject to Final Cost Affidavit*

Property Owner: _____ Are you a Lessee? _____

Address: _____ Phone No: _____

_____ Zip Code: _____ Email: _____

Construction Supervisor: _____ Cell No: _____

Address: _____ Phone No: _____

_____ Zip Code: _____ Email: _____

CSL No: _____ Type: _____ Expiration: _____

H.I.C. Reg.No: _____ Expiration: _____

Architect/Engineer: _____ Cell No: _____

Address: _____ Phone No: _____

_____ Zip Code: _____ Email: _____

Debris Disposal Facility as approved by Brookline DPW: _____

DIGSAFE Case No _____

“By signing this application I do hereby certify that I am the owner of record of the above captioned property and I have authorized the work described in this application. I hereby authorize the people named in this application to act as my agents in matters concerning this described work. I hereby certify under the pains and penalties of perjury that all statements made herein are true and accurate.”

Property Owner's Signature: _____ Date: _____

Property Owner's Name (please print) _____

Agent/Const. Super. Signature: _____ Date: _____

Agent/Const. Super. Name (please print) _____

Building Department Use Only:

Permit Fee: _____ Town Job: _____

Zoning District: _____ F.A.R.: _____ Complies? _____

Construction Type: _____ Use Code: _____

ZBA Case №: _____ Historic District: _____ Flood Zone: _____

Existing Setbacks: Front: _____ Side L: _____ Side R: _____ Rear: _____

Proposed Setbacks: Front: _____ Side L: _____ Side R: _____ Rear: _____

Required Setbacks: Front: _____ Side L: _____ Side R: _____ Rear: _____

Departmental Approvals (if required)

Fire Dept.: _____ Date: _____

Wire Dept.: _____ Date: _____

Plumbing Dept.: _____ Date: _____

DPW/Engineering: _____ Date: _____

Conservation Commission: _____ Date: _____

Water/Sewer: _____ Date: _____

Health: _____ Date: _____

Planning: _____ Date: _____

Historic Preservation: _____ Date: _____

TYPE OF IMPROVEMENT:

New Building

Addition

Alteration

Repair, Replacement

Demolition

Swimming Pool

Sign

Kitchen

Bath

Roofing/Siding

Other (specify) _____

PROPOSED USE:

Single Family

Multi-Family

№ of Units

Hotel, Motel, Dorm.

№ of Units: _____

Garage

Porch, Deck

Accessory Building

Recreation

Other (specify) _____

NON-RESIDENTIAL USE:

Amusement, Recreation

Temple, Church, Religious

Industrial

Theater, Assembly

Service Station, Repair Garage

Hospital, Institutional

Office, Bank, Professional

Restaurant

Library, Other Educational

Stores, Mercantile

Other (specify) _____

Approval/Denial by: _____ **Date:** _____ **Permit №** _____

AFFIDAVIT OF A HOMEOWNER FOR
CONSTRUCTION SUPERVISOR LICENSE EXEMPTION
PLEASE READ BEFORE SIGNING

A **'Homeowner'** may obtain a building permit without having a construction supervisor's license if they qualify for the license exemption in the 7th Edition of the Massachusetts State Building Code 780 CMR 5108.3.5 Licensing of Construction Supervisors.

The **'Homeowner'** must supervise anyone they hire to perform the work described in the permit.

This exemption does **not** apply to the field erection of manufactured buildings.

A **'Homeowner'** is defined as: Person(s) who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be, a one- or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall **not** be considered a homeowner.

I hereby certify that I am a **'Homeowner'** according to the above definition and I will assume full responsibility for the work described in the attached building permit. I will assure conformance of the applicable sections of the Massachusetts State Building Code, Town of Brookline Zoning By-laws, and any other applicable law, rule, or regulation. **I UNDERSTAND THAT I MAY BE HELD LIABLE FOR ANY VIOLATIONS OF THE LAW, DEFECTS IN WORKMANSHIP, AND ANY ACCIDENTS OR INJURIES THAT MAY OCCUR IN THE COURSE OF THIS PROJECT.**

Signed under the pains and penalties of perjury this ____ day of _____ 20__.

Homeowner

EXEMPTION FROM HOME IMPROVEMENT CONTRACTOR REGISTRATION
FOR PERSONS OBTAINING BUILDING PERMIT AS A HOMEOWNER

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units..." be done by registered contractors, with certain exceptions, along with other requirements.

A 'Homeowner' as defined above, is exempt from registration as a Home Improvement Contractor as described in MGL c. 142A.

HOMEOWNERS OBTAINING THEIR OWN BUILDING PERMIT OR ENGAGING UNREGISTERED CONTRACTORS TO PERFORM APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND AS FOR PROVIDED UNDER MGL c. 142 A.

I have read the above statements and understand that I have waived my right to arbitration and access to the Guaranty Fund as provided for under MGL c. 142A by obtaining the attached permit as a 'Homeowner', as defined above.

Homeowner Signature:

Date:



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡ |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | |

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #** _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector

6. Other _____

Contact Person: _____ **Phone #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia